

FINGERPRINTING FORM

First Name Last Name (Maiden name)

Date of Birth Place of Birth ()
Telephone number

_____-_____-_____
Social Security Number ☐ MALE ☐ FEMALE

Current Address (If different than address on I.D.)

<input type="checkbox"/> BURGLAR ALARM-DBR	\$35.00	<input type="checkbox"/> FINANCE/MORTGAGE-DBR	\$35.00
<input type="checkbox"/> SCHOOL	\$35.00	<input type="checkbox"/> SECURITY BUS. OWNER	\$35.00
<input type="checkbox"/> SECURITY GUARD EMP.	\$40.00	<input type="checkbox"/> DAYCARE OWNER	\$35.00
<input type="checkbox"/> PRESCHOOL/NURSERY	\$35.00	<input type="checkbox"/> RN-NURSING NEW EMPL.	\$35.00
<input type="checkbox"/> LOTTERY for Retail Sales/Store	\$35.00	<input type="checkbox"/> LOTTERY for TWIN RIVER	\$35.00

Renewal ☐

<input type="checkbox"/> LOTTERY for Newport Grand	\$35.00	<input type="checkbox"/> RI NURSING LIC	\$40.00
<input type="checkbox"/> CASA	\$35.00	<input type="checkbox"/> PRECIOUS METALS	\$35.00
<input type="checkbox"/> TOOLS AND ELECTRONICS	\$35.00	<input type="checkbox"/> MEDICAL MARIJUANA	\$35.00
<input type="checkbox"/> FIREFIGHTER APPLICANTS	\$40.00	<input type="checkbox"/> NURS. HOME/LONG-TERM	\$35.00
<input type="checkbox"/> ADULT DAY CARE	\$35.00	<input type="checkbox"/> IN-HOME NURSING CARE	\$35.00

Name of Facility/ Job Description